

Figure SC810.F61. Sample Statement of Recovery with InstructionsSTATEMENT OF RECOVERY

CLAIMANT: John J. James

FILE NUMBER: A12-0123456

DATE OF INJURY/DEATH: 6-30-90

EMPLOYING AGENCY: 1111AA

(1) Gross Recovery	\$ <u>955,000</u>
(2) Less Property Damage	<u>0</u>
(3) Balance	<u>955,000</u>
(4) Less Attorney's Fee (Fee is <u>40%</u> of line 3)	<u>(382,000)</u>
(5) Balance	<u>573,000</u>
(6) Less Court Costs (Must be itemized)	<u>24,784</u>
(7) Balance (Adjusted Gross Recovery)	<u>548,216</u>
(8) Less 1/5 (20% of line 7)	<u>(109,643)</u>
(9) Balance	<u>438,573</u>
(10) Less Payment to Public Health Service (or other Federal medical facility)	<u>0</u>
(11) Balance	<u>438,573</u>
(12) Less Medical Expenses Paid by the Claimant	<u>0</u>
(13) Balance	<u>438,573</u>
(14) OWCP Disbursements (including compensation and medical but excluding COP) or line 13 above, whichever is less	<u>111,430</u>

(15) Less Government Allowance for Attorney's Fee (retained by claimant)	<u>44,572</u>
(16) New OWCP Refund	<u>66,858</u>
(17) Surplus (line 13 less line 14)	<u>327,143</u>

## INSTRUCTIONS

Distribution must be made in accordance with 5 U.S.C. 8132.

PROPERTY DAMAGE (Line 2) A reasonable amount for clothing or other personal belongings damaged or destroyed in an accident may be deducted. These amounts should be itemized. If an automobile or other vehicle is damaged or destroyed, furnish the year, make and model, and the Blue Book value of the vehicle. A copy of the repair bill will suffice if the vehicle was not totally destroyed.

ATTORNEY'S FEE (Line 4) The attorney's fee in line 4 is deducted from the balance shown in line 3. Also, the attorney's fee as a percentage of line 3 should be shown.

COURT COSTS (Line 6) These would consist only of such items as filing fees, witness fees, actual costs of collection, or any payments to physicians for expert testimony as opposed to payment for treatment. (Payment for medical treatment would come under line 12 and/or 14.) All items must be itemized.

20 Percent GUARANTEE (Line 8) The amount is turned over to the claimant and is not subject to any deductions.

PUBLIC HEALTH SERVICE (Line 10) Refund made to a Federal medical facility for treatment would be deductible under line 10. The claim of the Federal medical facility is separate and apart from the claim of the OWCP.

MEDICAL EXPENSE PAID DIRECT (Line 12) This would consist of any medical expenses paid by the claimant other than those paid by the OWCP or by an insurance carrier. It would not include items paid by the claimant and subsequently reimbursed by the OWCP or an insurance carrier. All items submitted for credit and deduction in line 10 must be itemized or accompanied by copies of paid bills. A lump sum amount will not be accepted for credit. The total OWCP disbursement is subject to the refund provisions of the Federal Employees' Compensation Act. However, if the balance remaining in line 14 is less than the actual OWCP disbursement, then the refund provision would apply to the amount shown on line 14.

GOVERNMENT ALLOWANCE FOR ATTORNEY'S FEE (Line 15) The Government contributes a portion of its refund to the claimant as an attorney's fee.

This fee is based upon the OWCP's disbursement or other amount as shown in line 14 and is computed by applying the percentage shown in line 4 to line 14 if line 4 is considered reasonable.

TOTAL REFUND (Line 16) This represents the amount to be refunded to the Government for OWCP disbursements.

SURPLUS (Line 17) This surplus, which is retained by the claimant, is the amount against which the OWCP will credit any future compensation payments or additional medical expenses payable on account of the same injury or death.

The refund check for the amount shown in line 16 should be made payable to "U.S. Department of Labor, OWCP." It should be sent to the following address:

U.S. Department of Labor  
Appropriate Lockbox Address